

CITY OF NORMAN
SUPPLEMENTAL QUESTIONNAIRE
MAINTENANCE WORKER I
(Utilities/Sewer Line Maintenance Division)

Name: _____ Date: _____
Phone Number: _____

This questionnaire is a supplement to your application and will be used for further evaluation of your education, training, and experience as it relates to the Maintenance Worker I position for which you applied. FILL OUT THE QUESTIONNAIRE COMPLETELY EVEN IF THIS INFORMATION IS ON YOUR APPLICATION/RESUME!

1. The work period for this position is 8:00 a.m. to 4:30 p.m., Monday-Friday, hours may vary. (Subject to emergency call back and shift change) Can you work these hours? ____ Yes ____ No Why would you want to work these hours?

2. Do you have a valid Oklahoma Driver's License and a good driving record? ____ Yes ____ No Do you have a valid Oklahoma Commercial Driver's License Class A? ____ Yes ____ No "N" endorsement? ____ Yes ____ No

3. Do you have a Class D Wastewater License from the State of Oklahoma Department of Environmental Quality? ____ Yes ____ No

4. One of the minimum qualifications for this position is a home telephone message number where applicant may be reached. Do you meet this qualification? ____ Yes ____ No If no, please explain.

5. Please list what kind of hand and/or power tools you have operated.

_____	_____
_____	_____
_____	_____
_____	_____

6. What experience, training, certifications, and/or special skills do you have that would relate to this position? (Please refer to the employment announcement which is inside the application.)

7. List any other information, including personal strengths, that you feel will aid us in determining your qualifications for this position.

EQUAL OPPORTUNITY EMPLOYER